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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X V O / C Agent Addressee B. Received by (Frinted Name) C. Date of Delivery
1. Article Addressed to: 0.5-CV-578(TJY) LOREN MEYERS DEPUTY ATTORNEY GENERAL DEPARTMENT OF JUSTICE 820 N. FRENCH STREET WILMINGTON. DE 19801	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 700 2 2030 000 3 0326 9366	
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

PS Form 3811, August 2001

Domestic Return Receipt